

NOTICE RE: CERTIFICATES OF CORRECTION

Paper No. 12

DATE : 6-25-96  
 TO : Supervisor, Art Unit 1201  
 SUBJECT : Certificate of Correction Request in Patent No. 5,464,864

A response to the following question(s) is requested with respect to the accompanying request for a certificate of correction.

- ☐ 1. Would the change(s) requested under 37 CFR 1.323 constitute new matter or require reexamination of the application?
- ☐ 2. Would the change(s) requested under 37 CFR 1.323 materially affect the scope or meaning of the claims allowed by the examiner in the patent?
- ☐ 3. Applicant disagrees with change(s) initialed and dated by Examiner in lieu of an Examiner's Amendment. Should the change request be granted?
- ☒ 4. With respect to the change(s) requested, correcting ~~Office errors~~, should the patent read as shown in the certificate of correction?
- ☐ 5. If the amendment filed \_\_\_\_\_ had been considered by the Examiner, would the amendment have been entered?

PLEASE RESPOND WITHIN 7 DAYS AND RETURN THE FILE TO  
 ROOM 809, PKI

M. Tully  
 Patent Assistant

TO: CERTIFICATES OF CORRECTION BRANCH	DATE:															
<p>The decision regarding the change(s) requested in the certificate of correction is shown below.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1. <input type="checkbox"/> YES</td> <td style="width: 33%;">1. <input type="checkbox"/> NO</td> <td style="width: 33%;">1. <input type="checkbox"/> Comments below</td> </tr> <tr> <td>2. <input type="checkbox"/> YES</td> <td>2. <input type="checkbox"/> NO</td> <td>2. <input type="checkbox"/> Comments below</td> </tr> <tr> <td>3. <input type="checkbox"/> YES</td> <td>3. <input type="checkbox"/> NO</td> <td>3. <input type="checkbox"/> Comments below</td> </tr> <tr> <td>4. <input checked="" type="checkbox"/> YES</td> <td>4. <input type="checkbox"/> NO</td> <td>4. <input type="checkbox"/> Comments below</td> </tr> <tr> <td>5. <input type="checkbox"/> YES</td> <td>5. <input type="checkbox"/> NO</td> <td>5. <input type="checkbox"/> Comments below</td> </tr> </table> <p><input type="checkbox"/> Comments _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		1. <input type="checkbox"/> YES	1. <input type="checkbox"/> NO	1. <input type="checkbox"/> Comments below	2. <input type="checkbox"/> YES	2. <input type="checkbox"/> NO	2. <input type="checkbox"/> Comments below	3. <input type="checkbox"/> YES	3. <input type="checkbox"/> NO	3. <input type="checkbox"/> Comments below	4. <input checked="" type="checkbox"/> YES	4. <input type="checkbox"/> NO	4. <input type="checkbox"/> Comments below	5. <input type="checkbox"/> YES	5. <input type="checkbox"/> NO	5. <input type="checkbox"/> Comments below
1. <input type="checkbox"/> YES	1. <input type="checkbox"/> NO	1. <input type="checkbox"/> Comments below														
2. <input type="checkbox"/> YES	2. <input type="checkbox"/> NO	2. <input type="checkbox"/> Comments below														
3. <input type="checkbox"/> YES	3. <input type="checkbox"/> NO	3. <input type="checkbox"/> Comments below														
4. <input checked="" type="checkbox"/> YES	4. <input type="checkbox"/> NO	4. <input type="checkbox"/> Comments below														
5. <input type="checkbox"/> YES	5. <input type="checkbox"/> NO	5. <input type="checkbox"/> Comments below														
<u>[Signature]</u> Supervisor	<u>[Signature]</u> Art Unit															